		, Elle	ctive Oct		001			ı	10 0	05	, 580	
		CLAIMS A	(Colu			umn 2)	SMAL TYPE	E		OR	OTHE	R THAN ENTITY
TOTAL CLAIMS		15				RAT	E	FEE	7	RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA		BASIC	FEE	370.00	OR		 	
TOTAL CHARGEABLE CLAIMS			/ S minus 20= *					_	<u> </u>	1	7010	1 10.00
INDEPENDENT CLAIMS			2 minus 3 =		•		X\$ 9			OR	X\$18=	
MULTIPLE DEPENDENT CLAIM P							X42	=_'		OR	X84=	
							+140	=		OR	+280=	
f the di	fference	e in column 1 is	less than	zero, enter	r "O" in	column 2	TOTA	L		J	TOTAL	Mari
	C	LAIMS AS	AMENDE	ED - PAR	T II			·		1 0	OTHER	THAN
		(Column 1)	6-16-0			(Column 3)	SMA	L E	ENTITY	OR	SMALL	
Total Independent		REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total		. 13	Minus	** ~	20	-	X\$ 9		1 6-6-		X\$18=	FEE
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		oct Ave	ailah	lo Ca			+140	.		OR	+280=	
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·	E	(Column 1)	ailab	(Colun	nn 2)	(Column 3)		AL				200
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Total		(Column 1) CLAIMS REMAINING AFTER		(Colun HIGHI NUME PREVIO PAID I	nn 2) EST BER OUSLY	(Column 3)	TOT ADDIT. F	AL E	TIONAL		TOTAL ADDIT. FEE	ADDI- TIONAL
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